

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>08164E R</u>	FILING DATE					
							APPLICANT(S)						
12-75-04 CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6	/						56						
7		①					57						
8	/	①					58						
9		①					59						
10	/						60						
11		①					61						
12	/						62						
13		①					63						
14					/		64						
15						/	65						
16						/	66						
17						/	67						
18						/	68						
19						/	69						
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34						/	84						
35						/	85						
36						/	86						
37						/	87						
38						/	88						
39						/	89						
40						/	90						
41						/	91						
42						/	92						
43						/	93						
44						/	94						
45						/	95						
46						/	96						
47						/	97						
48						/	98						
49						/	99						
50						/	100						
TOTAL IND.		1			3		TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						